

120 0000012740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

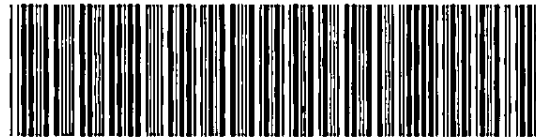
(Business Entity Name)

(Document Number)

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20 MAR -9 PM 2:26  
OF CORPORATIONS

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Wing King Chicken Safari LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amelia Husgen

\_\_\_\_\_  
Name of Person

Wing King Chicken Safari

\_\_\_\_\_  
Firm/Company

4212 N Acces Rd

\_\_\_\_\_  
Address

Englewood , Florida , 34224

\_\_\_\_\_  
City/State and Zip Code

wingkingchickensafari@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amelia Husgen

407 785 4913

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
TALLAHASSEE  
DIVISION OF CORPORATIONS  
20 MAR -9 PM 2:24

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Wing King Chicken Safari LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Jan 06 and assigned  
Florida document number L20000012740.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4212 N Access Rd

Englewood, FL. US 34224

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Amelia Husgen

New Registered Office Address:

4212 N Access Rd

*Enter Florida street address*

Englewood

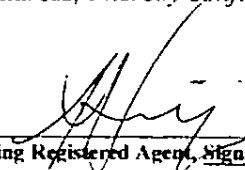
Florida 34224

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Andrew Husgen	4212 N Access Rd	<input checked="" type="checkbox"/> Add
		Englewood Fl. 34224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Blaise Husgen	4212 N Access Rd	<input checked="" type="checkbox"/> Add
		Englewood Fl. 34224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sven Eric Husgen	4212 N Access Rd	<input checked="" type="checkbox"/> Add
		Englewood Fl. 34224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michelle Cassandra Husgen	4212 N Access Rd	<input checked="" type="checkbox"/> Add
		Englewood Fl. 34224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHECK NAME WAS SPELT WRONG, IN ONE  
SECTION, HENCE NAME CHANGE OF  
REGISTERED AGENT.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

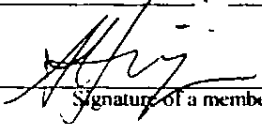
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

6 March 2020



Signature of a member or authorized representative of a member

Amelia Michelle Husgen

Typed or printed name of signee

Filing Fee: \$25.00